PATENT COOPERATION TREATY

	From the INTERNATIONAL BUREAU				
PCT	То:				
NOTIFICATION OF ELECTION					
(PCT Rule 61.2)	United States Patent and Trademark Office				
	Washington, D.C.				
Date of mailing: 14 October 1993 (14.10.93)	in its capacity as elected Office				
International application No.: PCT/GB93/00586	Applicant's or agent's file reference: M92/0120/PCT				
International filing date: 22 March 1993 (22.03.93)	Priority date: 28 March 1992 (28.03.92)				
Applicant: THE VICTORIA UNIVERSITY OF MANCH	ESTER et al				
1. The designated Office is hereby notified of its election made X in the demand filed with the International preliminary 29 March 1993 in a notice effecting later election filed with the International preliminary 29 March 1993	Examining Authority on: 3 (29.03.93) Distributional Bureau on:				
The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland	J. Zahra				
Faccimile No : (41-22) 740 14 35	Telephone No.: (41-22) 730.91.11				



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	FIGHT LIFE INTERNATIONAL BUREAU
PCT	То:
NOTIFICATION CONCERNING DOCUMENT TRANSMITTED	United States Patent and Trademark Office
	Washington, D.C.
·	
Date of mailing: 04 March 1994 (04.03.94)	in its capacity as elected Office
International application No.:	International filing date:
PCT/GB93/00586	22 March 1993 (22.03.93)
Applicant: THE VICTORIA UNIVERSITY OF MANCH	ESTER et al
·	
The International Bureau transmits herewith the following docum	
copy of the international preliminary examin	nation report and annexes (Article 36(3)(a))

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland

Authorised officer:

M. Abidine

Telephone No.: (41-22) 730.91.11

Facsimile No.: (41-22) 740.14.35

PENT COOPERATION TREA PCT

REC'D 0 3 MAR 1994

PCT

INTERNATIONAL PRELIMINARY EXAMINATION

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference M92/0120/PCT			reference	For Further Action	See Notification of Transmittal of International Preliminary Examination Report (Form PCT/IPEA/416)		
	onal Appl 3 93/0058		o.	International Filing Date (day/month/year) 22 Marc	ch 1993	Priority Date (day/month/year) 28 March 1992	
Internati	International Patent Classification (IPC) IPC5: A61K 37/02, 39/395; C07K 15/00						
Applicat	nt THE V	'ICTORI	IA UNIVERSITY OF	MANCHESTER et al			
1.	 This international preliminary examination report has been prepared by this International Preliminary Examining Authority and is transmitted to the applicant according to Article 36. 						
2.	This RE	PORT co	onsists of a total of 5 sl	neets.			
	This report is also accompanied by ANNEXES i.e., sheets of the description, claims and/or drawings amended during international preliminary examination and/or containing rectifications made before this Authority.						
	These an	nexes co	nsist of a total of 4 she	ets.			
3.	This report contains indications relating to the following items:						
	ī	×	Basis of the report			·	
	II		Priority				
	III	\boxtimes	Non-establishment of	opinion with regard to novel	lty, inventive step	and industrial applicability	
	IA		Lack of unity of inve	ention	٠		
	v	⊠ .		vith regard to novelty, invent		trial applicability;	
	VI		Certain documents ci	ted			
	VII		Certain defects in the	international application			
	VIII	⊠	Certain observations	on the international application	on		
Date of	submissio	n of the o	demand 22 March 199	3	Date of co	mpletion of this report 24 February 1993	

Authorized Officer C Sherrington

Telephone No 0633 814965

Form PCT/IPEA/409 (first sheet) (July 1992)

Facsimile No

0633 814444

Name and mailing address of the IPEA

The Patent Office Cardiff Road NEWPORT Gwent NP9-1RH

I. Basis	of the report						
1. This	report has been dra	wn on the basis of:					
	the international application as originally filed.						
⊠	the description,	pages 1-17, as originally filed, pages, filed with the demand, pages, filed with the letter of pages, filed with the letter of					
⊠	the claims,	pages, as originally filed, pages, as amended under Article 19, pages, filed with the demand, pages 18-21, filed with the letter of 21 February 1994 pages, filed with the letter of					
	the drawings,	sheets, as originally filed, sheets, filed with the demand, sheets, filed with the letter of sheets, filed with the letter of					
2. The	amendments have r	esulted in the cancellation of: pages: sheets of drawings No:					
3. 🗖		een established as if (some of) the amendments had not been made, since they have been considered to go sure as filed, as indicated in the Supplemental Box.					
4. Add	itional observations	if necessary:					
·	·						
II. Pr	iority						
1.		en established as if no priority had been claimed due to the failure to furnish within the prescribed time					
	copy of the ear	rlier application whose priority has been claimed.					
	translation of t	he earlier application whose priority has been claimed.					
2.	This report has beinvalid.	en established as if no priority had been claimed due to the fact that the priority claim has been found					
	Thus for the purposes of this report, the international filing date indicated above is considered to be the relevant date.						

ŢIII.	Non-establishment of opinion with regard to novelty, inventive step and industrial applicability						
	The questions whether the claimed invention appears to be novel, to involve an inventive step (to be non-obvious), or to be industrially applicable have not been and will not be examined in respect of:						
	the entire international application,						
⊠	claims Nos. 20						
because:	· ·						
⊠	the said international application, or the said claims Nos. 20 relate to the following subject matter which does not require an international preliminary examination (specify):						
	Method of treatment by therapy of the human or animal body - PCT rule 67.1(iv).						
	the description, claims or drawings (indicate particular elements below) or said claims Nos. are so unclear that no meaningful						
	opinion could be formed (specify):						
	·						
	the claims or said claims Nos . are so inadequately supported by the description that no meaningful opinion could be formed.						
	<u>-</u>						
	no international search report has been established for said claims Nos .						
	-						

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

International Application No PCT/GB 93/00586

٧. Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement 1. **STATEMENT** claims 1 to 19 YES Novelty (N) claims NO Inventive Step (IS) claims 1 to 19 YES claims NO Industrial Applicability (IA) claims 1 to 19 YES

NO

2. CITATIONS AND EXPLANATIONS

None of the cited documents either specifically disclose, or, taken together or separately, are considered to lead to, the wound healing compositions, which comprise at least one non-fibrotic growth factor (resulting in no, or at least reduced, scarring), as defined in the amended claims.

Form PCT/IPEA/409 (fifth sheet) (July 1992)

VIII. Certain observations on the international application

The following observations on the claims, description, and drawings or on the question whether the claims are fully supported by the description, are made:

The description is not in strict agreement with the amended claims.

Form PCT/IPEA/409 (eight sheet) (July 1992)





PCT

INTERNATIONAL SEARCH REPORT

(PCT Article 18 and Rules 43 and 44)

Applicant's or agent's file reference	FOR FURTHER	see Notification of (Form PCT/ISA/2	f Transmittal of International Se 220) as well as, where applicable	arch Keport , item 5 below.
M92/0120/PCT	ACTION			
International application No.	International filing date(a	lay month year)	(Earliest) Priority Date (day/n	monin year)
PCT/GB93/00586	22/03/93		28/03/92	
Applicant		•	•	
	- MANOUESTES	,1		
THE VICTORIA UNIVERSITY OF	MANUHESIER et a	al.		
This international search report has been according to Article 18. A copy is being t	prepared by this Internatio ransmitted to the Internatio	nal Searching Authonal Bureau.	ority and is transmitted to the a	pplicant
This international search report consists of X. It is also accompanied by a cop	of a total of4 y of each prior art docume	sheets. nt cited in this repor	rt.	
	the second second	3		 -
1. X Certain claims were found unsea	archable (see Box I).	•	g same and a same and	-
2. Unity of invention is lacking (see	e Box II).		•	
· :			en e	
3. The international application co international search was carried	ontains disclosure of a nucle lout on the basis of the sec	otide and/or amino quence listing	acid sequence listing and the	
filed	d with the international app	olication.	ing 1800 in page 11 at the control of	ing and the second of the seco
	nished by the applicant sepa	arately from the into		
	but not accompanied	by a statement to the	he effect that it did not include e international application as file	d.
and the second of the second o				
Tra	anscribed by this Authority			
		· ;	••	• .
. 4 With regard to the side. V. the	text is approved as submit	ted by the applicant	<mark>t</mark> er good m akkabasapaly a ya 1996 n aka yo	The Theorem States Consess
4. With regard to the title, X = the	text has been established b	y this Authority to	read as follows:	a de artigo de Maries - l
			•	
1				
			•	
5. With regard to the abstract.	sseries e	••		
X the	e text is approved as submi			onnare in
l □ Ro	e text has been established, ox III. The applicant may, v arch report, submit comme	within one month ir	38.2(b), by this Authority as it a rom the date of mailing of this in y.	nternational
6. The figure of the drawings to be put	blished with the abstract ier			
	suggested by the applicant		X None o	of the figures.
	cause the applicant failed to			
I	ecause this figure better cha		tion.	

International Application No

	I. CLASSII	TCATION OF SUBJE	ECT MATTER (if several classification sy	mbols apply, indicate all) ⁶	
			Classification (IPC) or to both National Cl		
	Int.Cl.	. 5 A61K37/0	2; A61K39/395;	C07K15/00	
	,	•			
	II. FIELDS	SEARCHED			
			Minimum Docume	ntation Searched?	
	Classificat	ion System		Classification Symbols	
	Int.Cl	. 5	A61K ; C07K		•
			Documentation Searched other t to the Extent that such Documents a		,
				f 339, 213-214	9z
	III. DOCU	MENTS CONSIDERE	D TO BE RELEVANT 9		
	Category °	Citation of Do	ocument, ¹¹ with indication, where appropria	te, of the relevant passages 12	Relevant to Claim No. ¹³
	X,P	WO,A,9 AMANCHES	217 206 (THE VICTORIA U	NIVERSITY OF	1,3,4-19
			per 1992		
			e 4, line 11 - page 13,	line 23	
Λ		200 pug			
	X		DO3 810 (ED GEISTLICH S	ÖHNE AG FÜR	1,3
			HE INDUSTRIE)		
		19 Apri		·	
ار		see page	e 1, line 1 - line 19		
'	x	FP A O	375 127 (GENENTECH)		1,2,6-19
	^	27 June	1990	· · · · · · · · · · · · · · · · · · ·	_,_,_
		see colu	umn 5, line 41 - line 5	1 ·	
		see col	umn 7, line 21 - column	12, line 16	
				,	
]			-/	
		45			
			ıZ		
			1-7, 121.20		
			•,		
	° Specia	l categories of cited do	cuments: 10	"T" later document published after the interna	
ļ	"A" do	cument defining the gen	neral state of the art which is not	or priority date and not in conflict with the cited to understand the principle or theory	
١			uiar relevance ished on or after the international	invention "X" document of particular relevance; the clai	med invention
		ng date	w doubts on priority claim(s) or	cannot be considered novel or cannot be cinvolve an inventive step	
	whi		the publication date of another	"Y" document of particular relevance; the clai	med invention
	"O" do	cument referring to an	eason (as specifica) oral disclosure, use, exhibition or	cannot be considered to involve an invent document is combined with one or more of	ther such docu-
	oth	er means		ments, such combination being obvious to in the art.	a person skilled
		er than the priority dat	to the international filing date but e claimed	"&" document member of the same patent fan	nily
,	IV. CERTI	FICATION			
1	Date of the	Actual Completion of	the International Search	Date of Mailing of this International Seas	rch Report
		14 .11	ULY 1993	3 0, 07, 93	
				3 0. U/, H3	
	Internations	al Searching Authority		Signature of Authorized Officer	
		EUROPE	AN PATENT OFFICE	REMPP G.L.E.	
	1			1	

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INTERNATIONAL SEARCH REPORT

International application No.

PCT/GB93/00586

Box I	Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)
7	
This in	ternational search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:
1. X	Claims Nos.:
]	because they relate to subject matter not required to be searched by this Authority, namely:
Ì	Remark: Although claim 19 is directed to a method of treatment of the humsn/animal body the search has been carried out and based on the
1	alleged effects of the compound/composition.
	arreged errects or the compound, compounds
<u> </u>	
2.	Claims Nos.: because they relate to parts of the international application that do not comply with the prescribed requirements to such
	an extent that no meaningful international search can be carried out, specifically:
Ì	
ł	
_ ا	
3.	Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).
	because they are dependent chains and are not or as a
Box I	Observations where unity of invention is lacking (Continuation of item-2 of first sheet)
	this international application, as follows:
This I	nternational Searching Authority found multiple inventions in this international application, as follows:
1	
1	
1	
!	
1.	As all required additional search fees were timely paid by the applicant, this international search report covers all
-	scarchable claims.
2.	As all searchable claims could be searches without effort justifying an additional fee, this Authority did not invite payment
	of any additional fee.
1	
1	
3	As only some of the required additional search fees were timely paid by the applicant, this international search report.
-	As only some of the required additional search less were differly plad by the appropriate covers only those claims for which fees were paid, specifically claims Nos.:
1	
1	
	and the way of the commence of the control of the c
4	No required additional search fees were timely paid by the applicant. Consequently, this international search report is
\ \ \ \	restricted to the invention first mentioned in the claims; it is covered by claims Nos.:
1	
Ì	
Rem	The additional search fees were accompanied by the applicant's protest.
	No protest accompanied the payment of additional search fees.
	140 protest accomplaines are payment of all payments
	·

ANNEX TO THE INTERNATIONAL SEARCH REPORT ON INTERNATIONAL PATENT APPLICATION NO.

GB 9300586 SA 72604

This annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report. The members are as contained in the European Patent Office EDP file on

The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

14/0 14/07/93

Patent do		Publication date		t family aber(s)	Publication date
WO-A-92	17206	15-10-92	AU-A-	1436892	02-11-92
WO-A-90	03810	19-04-90	None		
EP-A-03	75127	27-06-90	AU-A- CA-A- WO-A-	4524889 2002130 9004974	28-05-90 02-05-90 17-05-90
WO-A-91	10727	25-07-91	None		
EP-A-04	332 2 5	19-06-91	AU-A- JP-A-	6701890 3191791	13-06-91 21-08-91

6.

ANNEX TO THE INTERNATIONAL SEARCH REPORT ON INTERNATIONAL PATENT APPLICATION NO.

GB 9300586 SA. 72604

This annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report. The members are as contained in the European Patent Office EDP file on

The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

14/6

14/07/93

Patent document cited in search report	Publication date		t family ab er (s)	Publication date
WO-A-9217206	15-10-92	AU-A-	1436892	02-11-92
WO-A-9003810	19-04-90	None		
EP-A-0375127	27-06-90	AU-A- CA-A- WO-A-	4524889 2002130 9004974	28-05-90 02-05-90 17-05-90
WO-A-9110727	25-07-91	None		
EP-A-0433225	19-06-91	AU-A- JP-A-	6701890 3191791	13-06-91 21-08-91



rnational application No.

PCT/GB93/00586

Box I	Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)	
This inu	ernational search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:	
1. X	Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely: Remark: Although claim 19 is directed to a method of treatment of the humsn/animal body the search has been carried out and based on the alleged effects of the compound/composition.	
2.	Claums Nos.: because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:	
3.	Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).	<u>(</u> ,,
Box II	()bscrvations where unity of invention is lacking (Continuation of item 2 of first sheet)	
	ternational Searching Authority found multiple inventions in this international application, as follows:	
1.	As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.	
2.	As all searchable claims could be searches without effort justifying an additional fee, this Authority did not invite payment of any additional fee.	Ć
3. [As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:	•
	No required additional search fees were timely paid by the applicant. Consequently, this international search report is	
4.	restricted to the invention first mentioned in the claims; it is covered by claims Nos.:	
Remai	The additional search fees were accompanied by the applicant's protest. No protest accompanied the payment of additional search fees.	

INTERNATIONAL SEARCH REPORT

International Application No PCT/NO 90/00173

	N OF SUBJECT MATTER (if several classi		
According to Interna IPC5: E 01 D	ntional Patent Classification (IPC) or to both h 11/00, 21/04	lational Classification and IPC	
II. FIELDS SEARCH	IED		
	Minimum Docume	ntation Searched ⁷	
Classification System		Classification Symbols	
IPC5	E 01 D		
		r than Minimum Documentation s are Included in Fields Searched ⁸	
SE,DK,FI,NO o	classes as above		
III. DOCUMENTS CO	ONSIDERED TO BE RELEVANT ⁹		
	ion of Document, ¹¹ with indication, where ap	propriate, of the relevant passages 12	Relevant to Claim No.13
	., 2580687 (WIECZOREK, J.)		1-7,
s€	ee page 15, line 16 - line igures 28-31		10',
A	19 4 1 C3 2 0 31		8,9, 11
29	, 1658631 (FA. STRABAG BA October 1970,	•	1-11
	ee page 7 last paragraph - aragraph; figures 3-5 	page 8 first	
se	3832748 (OGLETREE, W.B.) ee column 2, line 63 - co ine 17; figure 1		1-11
			•
·			
	,		
	es of cited documents: ¹⁰	"T" later document published after or priority date and not in confli	the international filing date
considered to	ning the general state of the art which is not be of particular relevance ent but published on or after the international	invention "X" document of particular relevance	e, the claimed invention
"L" document which which is cited	th may throw doubts on priority claim(s) or to establish the publication date of another er special reason (as specified)	cannot be considered novel or c involve an inventive step "Y" document of particular relevance."	e, the claimed invention
"O" document refe other means	rring to an oral disclosure, use, exhibition or	in the art.	or more other such docu-
later than the	ished prior to the international filing date bu priority date claimed	"&" document member of the same	patent family
IV. CERTIFICATION	polotice of the International Seemb	Date of Mailing of this International St	amh Panor
18th February	npletion of the International Search 7 1991	Date of Mailing of this International Sci 1621 -62- 2	_
International Searchin	g Authority	Signature of Authorized Officer	
chen	ISH DATENT OFFICE	Ingemar Hedlund	land
3MET	ISH PATENT OFFICE	Tudellat Leataila	

ANNEX TO THE INTERNATIONAL SEARCH REPORT ON INTERNATIONAL PATENT APPLICATION NO.PCT/NO 90/00173

This annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report. The members are as contained in the Swedish Patent Office EDP file on 91-01-31 The Swedish Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

Patent document cited in search report	Publication date		nt family nber(s)	Publication date
FR-A1- 2580687	86-10-24	FR-A-	2589178	87-04-30
DE-A1- 1658631	70-10-29	NONE		
US-A- 3832748	74-09-03	NONE		

RNATIONAL SEARCH REPORT PCT/GB 93/00586 International Application No I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all) According to International Patent Classification (IPC) or to both National Classification and IPC Int.C1. 5 A61K37/02; A61K39/395; II. FIELDS SEARCHED Minimum Documentation Searched? Classification Symbols Classification System C07K A61K ; Int.Cl. 5 Documentation Searched other than Minimum Documentation to the Extent that such Documents are Included in the Fields Searched III. DOCUMENTS CONSIDERED TO BE RELEVANT 9 Relevant to Claim No.13 Citation of Document, 11 with indication, where appropriate, of the relevant passages 12 Category ° WO,A,9 217 206 (THE VICTORIA UNIVERSITY OF 1,3,4-19 X,P MANCHESTER) 15 October 1992 see page 4, line 11 - page 13, line 23 WO,A,9 003 810 (ED GEISTLICH SÖHNE AG FÜR 1,3 CHEMISCHE INDUSTRIE) 19 April 1990 see page 1, line 1 - line 19 1,2,6-19 X EP,A,O 375 127 (GENENTECH) 27 June 1990 see column 5, line 41 - line 51 see column 7, line 21 - column 12, line 16 "T" later document published after the international filing date ° Special categories of cited documents: 10 or priority date and not in conflict with the application but cited to understand the principle or theory underlying the "A" document defining the general state of the art which is not considered to be of particular relevance "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to earlier document but published on or after the international filing date involve an inventive step "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such docucitation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or ments, such combination being obvious to a person skilled other means in the art. document published prior to the international filling date but "&" document member of the same patent family later than the priority date claimed

IV. CERTIFICATION

1

Date of the Actual Completion of the International Search

14 JULY 1993

International Searching Authority

EUROPEAN PATENT OFFICE

Date of Mailing of this International Search Report

Signature of Authorized Officer

REMPP G.L.E.

	International Application No	
III. DOCUMEI	NTS CONSIDERED TO BE RELEVANT (CONTINUED FROM THE SECOND SHEET)	
Category °	Citation of Document, with Indication, where appropriate, of the relevant passages	Relevant to Claim No.
x	WO,A,9 110 727 (LA JOLLA CANCER RESEARCH FOUNDATION) 25 July 1991 see page 10, line 25 - page 11, line 11	1,4,5
X	see page 22, line 6 - page 23, line 21 EP,A,O 433 225 (CIBA-GEIGY AG) 19 June 1991 cited in the application see page 4, line 29 - page 5, line 19 see page 8, line 22 - page 9, line 39	1,2,6, 13-19
		·
	·	



III. DOCUM	ENTS CONSIDERED TO BE RELEVANT (CONTINUED FROM THE SECOND SHEET)	
Category °	Citation of Document, with indication, where appropriate, of the relevant passages	Relevant to Claim No.
X	WO,A,9 110 727 (LA JOLLA CANCER RESEARCH FOUNDATION) 25 July 1991 see page 10, line 25 - page 11, line 11 see page 22, line 6 - page 23, line 21	1,4,5
X	EP,A,O 433 225 (CIBA-GEIGY AG) 19 June 1991 cited in the application see page 4, line 29 - page 5, line 19 see page 8, line 22 - page 9, line 39	1,2,6,

55 Rec'd PCT/PTO 1 From the INTERNATIONAL

PCT

NOTIFICATION CONCERNING SUBMISSION OF PRIORITY DOCUMENTS

(PCT Administrative Instructions, Section 411)

To:

McNEIGHT, David, Leslie McNeight & Lawrence Regent House Heaton Lane Stockport, Cheshire SK4 1BS **ROYAUME-UNI**

Date of mailing:

27 May 1993 (27.05.93)

Applicant's or agent's file reference:

M92/0120/PCT

IMPORTANT'NOTIFICATION

International application No.:

PCT/GB93/00586

International filing date:

22 March 1993 (22.03.93)

Priority date:

28 March 1992 (28.03.92)

Applicant:

THE VICTORIA UNIVERSITY OF MANCHESTER et al

The applicant is hereby notified of the date of receipt by the International Bureau of the priority document(s) relating to the following application(s):

Priority application No:

Priority date:

Priority country:

Date of receipt of priority document:

9206861.8

28 Mar 1992 (28.03.92)

GB

27 May 1993 (27.05.93)

The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland

Facsimile No.: (41-22) 740.14.35

Authorised officer:

B. Fitzgerald

Telephone No.: (41-22) 730.91.11

PATENT COOPERATION TREAT PCT 55 Rec'd PCT/PTO 1 6 SEP 1994

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

	nt's or age 20/PCT	ent's file	reference	For Further Action		on of Transmittal of International samination Report (Form PCT/IPEA/416)	
	ional App B 93/0058		o.	International Filing Date (day/month/year) 22 Mare	ch 1993	Priority Date (day/month/year) 28 March 1992	
Internati	ional Pate	nt Classif	ication (IPC) IPC5: A	61K 37/02, 39/395; C07K 1	5/00		
Applica	nt THE	VICTOR	IA UNIVERSITY OF	MANCHESTER et al			
1.			preliminary examination applicant according to		y this Internation	nal Preliminary Examining Authority and is	
2	This RE	EPORT c	onsists of a total of 5 s	heets.			
				nied by ANNEXES i.e., she ination and/or containing rect		otion, claims and/or drawings amended during perfore this Authority.	
	These a	nnexes co	onsist of a total of 4 she	eets.			
3.	This rep	oort conta	ins indications relating	to the following items:			
	I		Basis of the report				
	II		Priority				
	Ш	X	Non-establishment of	opinion with regard to novel	ty, inventive step	p and industrial applicability	
(**	IV		Lack of unity of invention				
Sea a	V	⊠		with regard to novelty, invent tions supporting such stateme	•	trial applicability;	
	VI		Certain documents ci	ited	· .		
	VII		Certain defects in the	e international application			
	VIII	☒	Certain observations	on the international application	on		
Date of	submissio	on of the	demand 22 March 199	3	Date of co	mpletion of this report 24 February 1993	
Name a	ind mailin	g address		atent Office f Road ORT	Authorized	Officer C Sherrington	

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Form PCT/IPEA/409 (first sheet) (July 1992)

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

International Application No PCT/GB 93/00586

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I. Basi	s of the report	
1. This	report has been dra	wn on the basis of:
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⊠	the claims,	pages, as originally filed, pages, as amended under Article 19, pages, filed with the demand, pages 18-21, filed with the letter of 21 February 1994 pages, filed with the letter of
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II. Pr	iority	
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INTERNATIONAL PRELIMINARY EXAMINATION REPORT

International Application No PCT/GB 93/00586

III.	Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
	estions whether the claimed invention appears to be novel, to involve an inventive step (to be non-obvious), or to be industrially ble have not been and will not be examined in respect of:
	the entire international application,
☒	claims Nos. 20
because	
Ø	the said international application, or the said claims Nos. 20 relate to the following subject matter which does not require an international preliminary examination (specify):
	Method of treatment by therapy of the human or animal body - PCT rule 67.1(iv).
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	the description, claims or drawings (indicate particular elements below) or said claims Nos. are so unclear that no meaningful opinion could be formed (specify):
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N	
	the claims or said claims Nos . are so inadequately supported by the description that no meaningful opinion could be formed.
	no international search report has been established for said claims Nos.
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Form PC	CT/IPEA/409 (third sheet) (July 1992)

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International Application No PCT/GB 93/00586

V.	Reasoned statement under citations and explanations		th regard to novelty, inventive step or industrial applicability; statement
1.	STATEMENT		
	Novelty (N)	claims 1 to 19 claims	YES NO
	Inventive Step (IS)	claims 1 to 19 claims	YES NO
	Industrial Applicability (IA)	claims 1 to 19 claims	YES NO

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2. CITATIONS AND EXPLANATIONS

(:::

None of the cited documents either specifically disclose, or, taken together or separately, are considered to lead to, the wound healing compositions, which comprise at least one non-fibrotic growth factor (resulting in no, or at least reduced, scarring), as defined in the amended claims.

Form PCT/IPEA/409 (fifth sheet) (July 1992)

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

International Application No PCT/GB 93/00586

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VIII. (Certain	observations	on	the international	application
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The following observations on the clarity of the claims, description, and drawings or on the question whether the claims are fully supported by the description, are made:

The description is not in strict agreement with the amended claims.

Form PCT/IPEA/409 (eight sheet) (July 1992)



REQUEST

The undersigned requests that the present international application be processed, according to the Patent Cooperation Treaty.

——— For regei	ving Office use only	
PC International Application No	T/GB 9 3 / 0 0 5 8 6	
International Filing Date	22 - 03 - 93 22 MARCH 1993	
United PCT In	Kingdom Patent Office nternational Application and "PCT International Application"	

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Box No. I TITLE OF INVENTION		
Wound Healing and Treatmen	nt of Fibrotic	Disorders
Box No. II APPLICANT		
Name and address: (Family name followed by given name: for designation. The address must include postal c		This person is also inventor.
The Victoria University of Mano Oxford Road Manchester M13 9PT	chester	Telephone No.
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State (i.e. country) of nationality: Great Britain	State (i.e. country) of re	
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Box No. III FURTHER APPLICANTS AND/OR (FURTH		
Name and address: (Family name followed by given name: for designation. The address must include postal	r a legal entity, full official code and name of country.)	This person is:
FERGUSON, Mark William James		applicant only
13 Peel Moat Road Heaton Moor		X applicant and inventor
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Cheshire SK4 4PL Great Britain AA/A GB		inventor only (If this check-box is marked, do not fill in below.)
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12 Lathom Road		X applicant and inventor
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Further applicants and/or (further) inventors are indicated	d on a continuation sheet.	_

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The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CI	LAIM	Furth	er priority claims a	re indicated in	n the Supplei	mental Box
the priority of the following e	arlier application	n(s) is hereby claim	ed:			
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This international application contains the following number of sheets: 1. request : 3 sheets 1. separate signed power of attorney 5. separate indications sheet 1. separate signed power of attorney 5. separate indications concerning deposited microorganisms 2. description : 17 sheets 3. claims : 4 sheets 4. abstract : 1 sheets 5. drawings : - sheets 5. drawings : - sheets 5. drawings : - sheets 7.						
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WOUND HEALING AND TREATMENT OF FIBROTIC DISORDERS

This invention concerns the healing of wounds and other conditions in which fibrosis is a major mechanism of tissue repair or where excessive fibrosis leads to pathological derangement and malfunctioning of the tissues. It refers in particular to agents and techniques for facilitating repair and healing of animal tissues, without excessive fibrosis, and for preventing or treating diseases and conditions of fibrosis.

Fibrosis is a major problem in wound healing causing scarring of the tissue, which not only looks unsightly, but also causes problems in respect of growth of the tissue, function, movement etc. This is particularly true following injuries to children or following major burns.

In addition, fibrosis is a major medical problem where abnormal or excessive deposition of fibrous tissue occurs in many diseases, including liver cirrhosis, glomerulonephritis, pulmonary fibrosis, systemic fibrosis, rheumatoid arthritis, as well as wound healing.

The mechanism of fibrosis is still not fully understood, but wound healing usually begins as an

inflammatory reaction with leucocyte infiltration and accumulation of cytokines. These cytokines are responsible for the proliferation of fibroblasts and the deposition of extracellular matrix proteins (including collagen and fibronectin) which accumulate and result in permanent alteration in tissue structure and function.

Examples of the regulatory cytokines include tumor necrosis factor (TNF), fibroblast growth factors (FGF's), platelet derived growth factor (PDGF) and transforming growth factor ß (TGFß), (TGFß-1 to TGFß-5 have so far been identified). Two of these cytokines families, TGFß and PDGF, have been reported to be highly fibrogenic, and, moreover, inhibition of two of the TGFß's and PDGF activity, using anti-TGFß-1, anti-TGFß-2 and anti-PDGF antibodies, has been shown to diminish fibrosis in tissue injury (Shah el al, The Lancet, 339, 213-214, 1992; WO 91/04748).

The present invention provides novel compositions useful in the treatment of wounds and fibrotic disorders and which may prevent, inhibit or reverse fibrosis.

The invention comprises a healing composition containing at least one non-fibrotic growth factor in combination with a pharmaceutically acceptable carrier.

The composition may comprise TGFB-3 as the or a non-fibrotic growth factor, such that on application of the composition to the tissue, this non-fibrotic growth factor is present in an elevated level compared to its naturally occurring level.

The composition may comprise acidic or basic FGF as the or a non-fibrotic growth factor, again resulting in a much elevated level of non-fibrotic growth factor than would naturally be present.

The composition may comprise anti-fibrotic agents, such as fibrotic growth factor neutralising agents, for example antibodies to TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF; binding proteins which prevent TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF from binding to their receptors by either binding to the growth factor itself, eg. Decorin, Biglycan, or binding to the receptor, eg. peptides containing the receptor binding site sequence or soluble forms of the growth factor receptors and the growth factor binding domains of these receptors; and antisense oligonucleotides or ribosymes which act to prevent fibrotic growth factor mRNA translation.

The composition may comprise combinations of non-fibrotic growth factors, for example, TGFB-3 and anti-fibrotic agents, for example, anti-TGFB-1 and anti-TGFB-2.

The non-fibrotic growth factor and/or anti-fibrotic agent(s) may be present in the composition in an active or inactive form. Inactivation may be by

any of a number of mechanisms, for example, by encapsulation. Capsules may be degradeable by an external stimulus to release the active form when required. The external stimulus may include UV light, ultrasound, in vivo enzymes or heat.

Inactivation may, however, be by the molecular addition of a binding molecule. The binding molecule may be detachable when required by an external stimulus such as UV light, ultrasound, in vivo enzymes or heat.

The non-fibrotic growth factor may be present in an inactive form, for example, as a precursor, and may be activated upon contact with tissue containing the natural cleavage enzymes required to convert the precursor into its active form.

The carrier may comprise a neutral sterile cream, gel, aerosol or powder for topical application, or may be in the form of a patch, sterile dressing or an absorbable dressing. The carrier may be a biopolymer of collagen, hyaluronic acid or polymer of PVC to which the anti-fibrotic or non fibrotic agents are attached in such a way as to facilitate their action and/or release when the carrier is in contact with or implanted into either the wound or fibrotic lesion. The carrier may also comprise a sterile solution for irrigation,

injection either locally or systemically or inhalation, or may be in the form of a tablet, capsule, and the like, for enteral administration.

The present invention also provides a method of preparation of a pharmaceutical healing or anti-fibrotic composition containing at least one non-fibrotic growth factor for topical application in a cream, gel, aerosol, powder, patch, dressing, biopolymer or polymer implant, delay or slow release system, or in a solution for irrigation, injection or inhalation, or in a tablet or capsule for enteral administration.

The present invention also provides a method of inhibiting fibrosis during the healing of wounds and in other fibrotic conditions and disorders, for example ulcers, comprising administering to a host suffering from tissue wounding or other fibrotic conditions and disorders, at least one non-fibrotic growth factor.

The present invention also provides a method of reversing fibrosis in such fibrotic conditions and disorders comprising administering to a host suffering from such fibrotic conditions and disorders, at least one non-fibrotic growth factor, for example, TGFB-3 and/or at least one anti-fibrotic agent for example, anti-TGFB-1/TGFB-2.

As mentioned above, two cytokines have been identified as being involved in fibrosis, namely PDGF and TGFß. Of these two, TGFß appears to play the major role. For example, in tissues which heal without scar formation, such as fetal and embryonic wounds where there is a lowered inflammatory response and altered cytokine profile, the level of TGFß in particular, is much reduced.

TGFß comprises a family of molecules, the important mammalian members being TGFß-1, TGFß-2 and TGFß-3 (Roberts and Sporn, The Transforming Growth Factor-ßs, In: Peptide Growth Factors and their Receptors, Springer Verlag, Berlin, 1990, p418-472). The TGFßs, although having different patterns of expression, share over 70% peptide homology and are thought to have similar functions and act interchangeably. Thus in wound healing it would be expected that TGFß-3 would act like TGFß-1 and TGFß-2 to increase extracellular matrix production, angiogenesis and the inflammatory response.

As discussed above, fibrotic disease is a major medical problem. In such diseases, there is abnormal or excessive deposition of fibrous tissue. Such diseases are exemplified by liver cirrhosis, glomerulonephritis, pulmonary fibrosis, systemic fibrosis and rheumatoid

arthritis. In such diseases the use of TGFß would be avoided, since TGFß's are believed to increase the deposition of fibrous tissue. Suprisingly, it has now been discovered that TGFß-3 has the opposite effect to that expected, in that it promotes healing without promoting the deposition of fibrous tissue.

The present invention provides the use of a TGFS-3 for the manufacture of a medicament for the treatment of a fibrotic disease.

The present invention also provides a method of treating a fibrotic disease by administering a pharmaceutically effective amount of TGFB-3 to a patient in need thereof.

The present invention also provides an agent for treating a fibrotic disease which comprises TGFB-3 as active ingredient.

The present invention also provides a pharmaceutical composition comprising a higher proportion of TGFß-3 in relation to TGFß-1 or TGFß-2, compared with relative proportions in naturally occuring TGFß, and a pharmaceutically acceptable carrier.

EP 0 433 225 defines the biological activity of the TGFß's ie. TGFß-1, TGFß-2 and TGFß-3, as including the ability to increase formation of fibrous granular tissue in and around wound implants in rats (page 5, lines 17-19), while US 4,810,691 and US 4,77,228 describe the use of TGFß's for promoting connective tissue deposition.

Experiments described in detail below indicate that contrary to the conventional view that TGF\$\beta-3\$ acts in the same manner as TGF\$\beta-1\$ and TGF\$\beta-2\$ to increase fibrosis at the site of wound healing, it has in fact the opposite effect and promotes wound healing with reduced fibrosis and scarring.

Experiments

The experiments have involved exogenous injection of TGF\$\beta\$-1, TGF\$\beta\$-2 or TGF\$\beta\$-3. They have also involved the injection of neutralising antibodies to TGF\$\beta\$-1 or TGF\$\beta\$-2 (or anti TGF\$\beta\$-1 and TGF\$\beta\$-2 in combination). Neutralising antibodies to TGF\$\beta\$-3 are not yet available. The experimental protocol was as described in Shah et al, The Lancet, 339, 213-214, 1992)

These experiments produced a very interesting and unexpected set of results. First, the neutralising

antibody to TGFS-1 diminished scarring, i.e. reduced the amount of extracellular matrix, reduced angiogenesis and reduced the numbers of macrophages and monocytes at the It also improved the orientation of collagen fibres in the healing wound. The neutralising antibody to TGFß-2 had very little effect on its own, but showed a slight improvement in scarring. Combined, the neutralising antibodies to TGFB-1 and TGFB-2 showed a marked improvement in wound healing (similar to that described in Shah et al, The Lancet, 339, 213-214, 1992), namely decreased extracellular matrix deposition (decreased fibronectin, decreased collagen), decreased angiogenesis, decreased macrophages and monocytes at the wound site and better orientation of collagen and fibronectin within the wound. Exogenous addition of TGFS-1 or TGFS-2 had the expected result, namely of increasing extracellular matrix deposition, increasing angiogenesis and increasing the inflammatory response. However, exogenous addition of TGFß-3 did not have this effect, but rather produced effects similar to those observed with the neutralising antibodies to TGFB-1 and TGFB-2, namely, a reduction in the amount of extracellular matrix deposited, a decrease in macrophages and monocytes and a marked improvement in subsequent scarring.

Specific details of the experiments to document the TGFS-3 effect are as follows:-

Adult male Sprague-Dawley rats (200 to 250 gram weight) were anaesthetised with halothane nitrous oxide and oxygen inhalation. Two incisions, ten millimetres in length and to the depth of the parniculous carnosis were made in the dorsal skin, equal distant from the midline and between the fore and hind limbs. The wounds were left unsutured to heal by secondary intention to produce the greatest amount of granulation tissue and scarring. In each animal, one wound (control) was unmanipulated. In different animals the other wound received a) an injection of transforming growth factor beta 1 (TGFß-1) (20 ng per injection), or b) an injection of TGFB-2 (20 ng per injection) or c) an injection of TGFB-3 (20 ng per injection). It had previously been determined from dose response experiments that 20 ng per injection was the optimum dose to give. Injections were of 100 microlitres in phosphate buffered saline and were introduced into the wound margins by local infiltration on days 0, 1 and 2. The fluid was infiltrated along the length of each wound margin through a single entry point 0.5 cm distal to the caudal end of the wound. At least four animals were killed by chloroform overdose on each of days 7, 14 and 42 after wounding. The wounds were processed for

routine histological examination, particularly using connective tissue stains such as Mallory or Masson's trichrome. They were also processed for immunocytochemistry, using antibodies to detect fibronectin (as a marker of early wound repair and to show the orientation of extracellular matrix molecules), macrophages and monocytes (as an indication of the inflammatory response), laminim (to highlight basement membranes, e.g. of newly formed blood vessels) and collagen types I and III to document connective tissue deposition within the wound and scarring.

Summary of Results

Compared to control wounds, at 7 and 14 days, the TGFB-3 treated wounds had less fibronectin and the fibronectin fibres were in a beter orientation. By six weeks, the fibronectin in all wounds was similar in quantity to that of the surrounding normal skin. However, that in the TGFB-3 treated wound had a much better orientation than the other wounds. The results were almost indistinguishable from the results obtained with neutralising antibodies to TGFB-1 and TGFB-2. By comparison, wounds treated with TGFB-1 or TGFB-2 showed a vastly increased quantity of fibronectin in the wound at 7 days and this fibro- nectin had an abnormal orientation, compared to the surrounding tissue. The

same was true at 14 days, but by 6 weeks there was little difference between the TGFS-1 or TGFS-2 treated wounds and the control in terms of the quantity of fibronectin present.

At 7 days TGF\$-1 treated and TGF\$-2 treated and control wounds showed similar profile of macrophage and monocyte infiltration (for example control 159, TGF\$-1 149, control 117, TGF\$-2 112 per section). However, TGF\$-3 treated wounds had a low profile of macrophage plus monocyte infiltration (control 130, TGF\$-3 91 per section).

At 7 days TGFß-1 treated and TGFß-2 treated wounds had a higher proliferation of macrophages in the lower half of the wounds compared to similar areas in the control wounds (control 50/TGFß-1 80, control 45/TGFß-2 59 per section). However, in the upper half of the wounds the macrophage infiltration was similar in the TGFß-1 treated and control wounds (control 37, TGFß-1 39 per section) whilst TGFß-2 treated wounds had a lower profile (control 34, TGFß-2 19). By contrast, TGFß-3 treated wounds showed a lower macrophage profile throughout the entire wound, compared to the control wounds (upper half control 41, TGFß-3 16; lower half control 72, TGFß-3 28 per section).

Laminin staining was used as a marker of neovascularisation. At 7 days, TGF\$\beta-1\$ treated wounds showed an increase in the number of blood vessels, particularly at the base of the wound. TGF\$\beta-2\$ treated wounds appeared similar to the control wounds. TGF\$\beta-3\$ treated wounds, however, had many more blood vessels compared to either the control or the TGF\$\beta-1\$ or the TGF\$\beta-2\$ treated wounds. This was a very marked effect.

By 14 days there were few differences in the number of blood vessels between either the TGF\$\beta-1\$, TGF\$\beta-2\$ or TGF\$\beta-3\$ treated wounds compared to the control. However, the TGF\$\beta-3\$ treated wounds tended to have more blood vessels.

In terms of collagen deposition within the wound, as assayed by Mallory staining or immunocytochemistry, treatment of the wound with either TGF\$\beta-1\$ or TGF\$\beta-2\$ increased the amount of collagen within the wound on days 7 and 14 after wounding. Furthermore, this collagen had an abnormal orientation with a much higher percentage of fibres orientated in a vertical direction, compared to the surrounding dermis. At six weeks, the control, TGF\$\beta-1\$ and TGF\$\beta-2\$ treated wounds were visibly scarred with an abnormal accumulation of abnormally orientated collagen within the wounded area. By contrast, wounds treated with TGF\$\beta-3\$ showed slightly

less collagen deposition on days 7 and 14 after wounding. Moreover, the collagen deposited was in a similar reticular pattern to that of the surrounding dermis. Consequently, by six weeks after wounding, the TGFB-3 treated wounds had a more similar dermal architecture to that of the surrounding normal skin, compared to either the control TGFB-1 or TGFB-2 treated wounds. This result with TGFB-3 is very similar to that obtained with neutralising antibodies to TGFB-1 and TGFB-2.

In summary, therefore, treatment of the wounds with TGFB-3 decreased the amount of extracellular matrix deposited in the early wound, assured that the orientation of this matrix was in the normal reticular pattern of the dermis, compared to the abnormal pattern of the scar, decreased the number of macrophages and monocytes and hence inflammatory infiltrate into the wound, but greatly increased the number of blood vessels in the early healing wound. These effects are almost identical to those observed with neutralising antibodies to TGFB-1 and TGFB-2 except the increase in the number of blood vessels. Treatment of the wounds with neutralising antibodies to TGFB-1 and TGFB-2 decrease the amount of extracellular matrix deposited, alter the orientation of this matrix, so that it is in a more normal alignment, decrease the inflammatory infiltrate

of macrophages and monocytes (like TGFB-3) but decrease the number of blood vessels (unlike treatment with TGFB-3 which increases the number of blood vessels).

TGF\$\beta-3\$ therefore acts as an anti-scarring (anti-fibrotic) agent. It is very clear that this is an isoform specific effect within the TGF\$\beta\$ family.

anti-fibrotic agent or an anti-scarring agent. It may be capable of biological modification to increase the anti-fibrotic effect or define more carefully that portion of the molecule responsible for these effects. It may be possible to optimise the structure of TGF\$\beta\$-3 as an anti-fibrotic agent, based on such analysis. The effects of TGF\$\beta\$-3 in this regard are unpredictable from the literature, and interestingly, differ from the neutralising antibody experiments, particularly in the increase in angiogenesis. This may actually be beneficial for certain kinds of wound healing, e.g. chronic wounds such as venous leg ulcers, where one wants to increase the vascular supply to stimulate healing but decrease subsequent scarring.

In the context of fibrosis, the efffects of TGFB-3 or anti TGFB-1/TGFB-2 agents are not limited to preventing further increases of fibrosis. TGFB-1/TGFB-2

act to increase the accumulation of extracellular matrix molecules both by stimulating synthesis of new extracellular matrix molecules and decreasing the removal of existing matrix molecules, i.e. inhibiting tissue turnover (Roberts and Sporn, the transforming growth factor - B's, In: Peptide growth factors and their receptors, Springer Verlag, Berlin, 1990, p 418-472). Therefore, any agent which antagonises or neutralises or renders ineffective TGFB-1/TGFB-2 not only decreases extracellular matrix synthesis but also increases remodelling. As an anti-fibrotic agent either TGFß-3 or anti-TGFß-1/anti- TGFß-2/anti-PDGF (or some combination thereof) may in certain fibrotic diseases, e.g. glomerulonephritis, pulmonary fibrosis, reverse the accumulation of fibrous scar tissue already present in the tissue.

It will be appreciated that it is not intended to limit the invention to the above examples only, many variations, such as might readily occur to one skilled in the art, being possible, without departing from the scope thereof as defined in the appended claims.

Thus for example, as well as applying a preparation to a wound containing TGF\$\beta-3 only, this may be given in combination with fibrotic growth factor neutralising agent(s), for example, anti-TGF\$\beta-1 and/or

anti-TGFB-2 and/or anti-PDGF antibodies, in a ratio which will enable the required amount of vascularisation for the particular type of wound to be provided whilst at the same time healing the wound without scarring.

<u>CLAIMS</u>

- A healing composition containing at least one non-fibrotic growth factor in combination with a pharmaceutically acceptable carrier.
- 2. A composition according to claim 1, wherein the non-fibrotic growth factor comprises TGFS-3.
- 3. A composition according to claim 1, wherein the non-fibrotic growth factor comprises FGF.
- 4. A composition according to any preceding claim, comprising anti-fibrotic agents.
- 5. A composition according to claim 4, wherein the anti-fibrotic agents include antibodies to TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF; binding proteins which prevent TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF from binding to their receptors by either binding to the growth factor itself, eg. Decorin, Biglycan, or binding to the receptor, eg. peptides containing the receptor binding site sequence; or soluble forms of growth factor receptor or the growth factor binding domains of these receptors or antisense oligonucleotides or ribosymes which act to prevent fibrotic growth factor mRNA translation.

- 6. A composition according to any preceding claim wherein the non-fibrotic growth factor and/or anti-fibrotic agent(s) are present in the composition in an active form.
- 7. A composition according to any of claims 1 to 5, wherein the non-fibrotic growth factor and/or anti-fibrotic agent(s) are present in the composition in an inactive form.
- 8. A composition according to claim 7, wherein inactivation is by encapsulation.
- 9. A composition according to claim 8, wherein the capsules are degradeable by an external stimulus to release the active form when required.
- 10. A composition according to claim 9, wherein the external stimulus includes UV light, ultrasound, <u>in vivo</u> enzymes or heat.
- 11. A composition according to claim 7, wherein inactivation is by the molecular addition of a binding molecule which is detachable when required by an external stimulus including UV light, ultrasound, in vivo enzymes or heat.

- 12. A composition according to any preceding claim, wherein the non-fibrotic growth factor is present in an inactive form, for example, as a precursor, and is activated upon contact with tissue containing the natural cleavage enzymes required to convert the precursor into its active form.
- 13. A composition according to claim 1, wherein the carrier comprises a neutral sterile cream, gel, aerosol or powder for topical application.
- 14. A composition according to claim 1, wherein the carrier comprises a patch or a sterile dressing or an absorbable dressing for topically covering a wound.
- 15. A composition according to claim 1, wherein the carrier comprises a sterile solution for irrigation, injection or inhalation.
- 16. A composition according to claim 1, wherein the carrier comprises a tablet, capsule, and the like, for enteral administration.
- 17. A composition according to claim 1, wherein the carrier comprises a biopolymer, for example collagen, hyaluronic acid or polymer, for contacting or implanting into the wound/fibrotic lesion so as to allow release of

the active agents slowly or quickly and for to be active in situ.

- 18. A method of preparation of a pharmaceutical healing or anti-fibrotic composition containing at least one non-fibrotic growth factor for topical application in a cream, gel, powder, aerosol, patch or dressing, biopolymer or polymer implant, delay or slow release system or in a solution for irrigation, injection or inhalation, or in a tablet or capsule for enteral administration.
- 19. A method of inhibiting fibrosis during the healing of wounds and other fibrotic diseases, disorders or conditions, comprising administering to a host suffering from tissue wounding or these fibrotic conditions, at least one non-fibrotic growth factor.

WORLD INTELLECTUAL PROPERTY ORGANIZATION International Bureau



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 5: (11) International Publication Number: WO 93/19769 A1 A61K 37/02, 39/395, C07K 15/00 (43) International Publication Date: 14 October 1993 (14.10.93) (74) Agents: McNEIGHT, David, Leslie et al.; McNeight & Lawrence, Regent House, Heaton Lane, Stockport, Cheshire SK4 1BS (GB). PCT/GB93/00586 (21) International Application Number: (22) International Filing Date: 22 March 1993 (22.03.93) (30) Priority data: (81) Designated States: AT, AU, BB, BG, BR, CA, CH, CZ, 9206861.8 28 March 1992 (28.03.92) GB DĚ, DK, ES, FI, GB, HÚ, JP, KP, KR, LK, LU, MG, MN, MW, NL, NO, NZ, PL, PT, RO, RU, SD, SÉ, SK, UA, US, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI pa-(71) Applicant (for all designated States except US): THE VIC-TORIA UNIVERSITY OF MANCHESTER [GB/GB]; tent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG). Oxford Road, Manchester M13 9PT (GB). (75) Inventors/Applicants (for US only): FERGUSON, Mark, William, James [GB/GB]; 13 Peel Moat Road, Heaton **Published** With international search report. Moor, Stockport, Cheshire SK4 4PL (GB). SHAH, Mam-Before the expiration of the time limit for amending the ta [IN/GB]; 12 Lathom Road, Withington, Manchester claims and to be republished in the event of the receipt of M20 9NX (GB). amendments.

(54) Title: WOUND HEALING AND TREATMENT OF FIBROTIC DISORDERS

(57) Abstract

A healing composition containing at least one non-fibrotic growth factor in combination with a pharmaceutically acceptable carrier is disclosed. A method of preparation of the composition and method of treating a host, suffering from a wound or fibrotic condition, disease, disorder with the composition is also disclosed.

WOUND HEALING AND TREATMENT OF FIBROTIC DISORDERS

This invention concerns the healing of wounds and other conditions in which fibrosis is a major mechanism of tissue repair or where excessive fibrosis leads to pathological derangement and malfunctioning of the tissues. It refers in particular to agents and techniques for facilitating repair and healing of animal tissues, without excessive fibrosis, and for preventing or treating diseases and conditions of fibrosis.

Fibrosis is a major problem in wound healing causing scarring of the tissue, which not only looks unsightly, but also causes problems in respect of growth of the tissue, function, movement etc. This is particularly true following injuries to children or following major burns.

In addition, fibrosis is a major medical problem where abnormal or excessive deposition of fibrous tissue occurs in many diseases, including liver cirrhosis, glomerulonephritis, pulmonary fibrosis, systemic fibrosis, rheumatoid arthritis, as well as wound healing.

The mechanism of fibrosis is still not fully understood, but wound healing usually begins as an

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inflammatory reaction with leucocyte infiltration and accumulation of cytokines. These cytokines are responsible for the proliferation of fibroblasts and the deposition of extracellular matrix proteins (including collagen and fibronectin) which accumulate and result in permanent alteration in tissue structure and function.

Examples of the regulatory cytokines include tumor necrosis factor (TNF), fibroblast growth factors (FGF's), platelet derived growth factor (PDGF) and transforming growth factor ß (TGFß), (TGFß-1 to TGFß-5 have so far been identified). Two of these cytokine families, TGFß and PDGF, have been reported to be highly fibrogenic, and, moreover, inhibition of two of the TGFß's and PDGF activity, using anti-TGFß-1, anti-TGFß-2 and anti-PDGF antibodies, has been shown to diminish fibrosis in tissue injury (Shah el al, The Lancet, 339, 213-214, 1992; WO 91/04748).

The present invention provides novel compositions useful in the treatment of wounds and fibrotic disorders and which may prevent, inhibit or reverse fibrosis.

The invention comprises a healing composition containing at least one non-fibrotic growth factor in combination with a pharmaceutically acceptable carrier.

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The composition may comprise TGFß-3 as the or a non-fibrotic growth factor, such that on application of the composition to the tissue, this non-fibrotic growth factor is present in an elevated level compared to its naturally occuring level.

The composition may comprise acidic or basic FGF as the or a non-fibrotic growth factor, again resulting in a much elevated level of non-fibrotic growth factor than would naturally be present.

The composition may comprise anti-fibrotic agents, such as fibrotic growth factor neutralising agents, for example antibodies to TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF; binding proteins which prevent TGF\$\beta-1\$, TGF\$\beta-2\$ and PDGF from binding to their receptors by either binding to the growth factor itself, eg. Decorin, Biglycan, or binding to the receptor, eg. peptides containing the receptor binding site sequence or soluble forms of the growth factor receptors and the growth factor binding domains of these receptors; and antisense oligonucleotides or ribosymes which act to prevent fibrotic growth factor mRNA translation.

The composition may comprise combinations of non-fibrotic growth factors, for example, TGFß-3 and anti-fibrotic agents, for example, anti-TGFß-1 and anti-TGFß-2.

The non-fibrotic growth factor and/or anti-fibrotic agent(s) may be present in the composition in an active or inactive form. Inactivation may be by

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any of a number of mechanisms, for example, by encapsulation. Capsules may be degradeable by an external stimulus to release the active form when required. The external stimulus may include UV light, ultrasound, in vivo enzymes or heat.

Inactivation may, however, be by the molecular addition of a binding molecule. The binding molecule may be detachable when required by an external stimulus such as UV light, ultrasound, in vivo enzymes or heat.

The non-fibrotic growth factor may be present in an inactive form, for example, as a precursor, and may be activated upon contact with tissue containing the natural cleavage enzymes required to convert the precursor into its active form.

The carrier may comprise a neutral sterile cream, gel, aerosol or powder for topical application, or may be in the form of a patch, sterile dressing or an absorbable dressing. The carrier may be a biopolymer of collagen, hyaluronic acid or polymer of PVC to which the anti-fibrotic or non fibrotic agents are attached in such a way as to facilitate their action and/or release when the carrier is in contact with or implanted into either the wound or fibrotic lesion. The carrier may also comprise a sterile solution for irrigation,

injection either locally or systemically or inhalation, or may be in the form of a tablet, capsule, and the like, for enteral administration.

The present invention also provides a method of preparation of a pharmaceutical healing or anti-fibrotic composition containing at least one non-fibrotic growth factor for topical application in a cream, gel, aerosol, powder, patch, dressing, biopolymer or polymer implant, delay or slow release system, or in a solution for irrigation, injection or inhalation, or in a tablet or capsule for enteral administration.

The present invention also provides a method of inhibiting fibrosis during the healing of wounds and in other fibrotic conditions and disorders, for example ulcers, comprising administering to a host suffering from tissue wounding or other fibrotic conditions and disorders, at least one non-fibrotic growth factor.

The present invention also provides a method of reversing fibrosis in such fibrotic conditions and disorders comprising administering to a host suffering from such fibrotic conditions and disorders, at least one non-fibrotic growth factor, for example, TGFB-3 and/or at least one anti-fibrotic agent for example, anti-TGFB-1/TGFB-2.

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As mentioned above, two cytokines have been identified as being involved in fibrosis, namely PDGF and TGFß. Of these two, TGFß appears to play the major role. For example, in tissues which heal without scar formation, such as fetal and embryonic wounds where there is a lowered inflammatory response and altered cytokine profile, the level of TGFß in particular, is much reduced.

TGFß comprises a family of molecules, the important mammalian members being TGFß-1, TGFß-2 and TGFß-3 (Roberts and Sporn, The Transforming Growth Factor-ßs, In: Peptide Growth Factors and their Receptors, Springer Verlag, Berlin, 1990, p418-472). The TGFßs, although having different patterns of expression, share over 70% peptide homology and are thought to have similar functions and act interchangeably. Thus in wound healing it would be expected that TGFß-3 would act like TGFß-1 and TGFß-2 to increase extracellular matrix production, angiogenesis and the inflammatory response.

As discussed above, fibrotic disease is a major medical problem. In such diseases, there is abnormal or excessive deposition of fibrous tissue. Such diseases are exemplified by liver cirrhosis, glomerulonephritis, pulmonary fibrosis, systemic fibrosis and rheumatoid

arthritis. In such diseases the use of TGFß would be avoided, since TGFß's are believed to increase the deposition of fibrous tissue. Suprisingly, it has now been discovered that TGFß-3 has the opposite effect to that expected, in that it promotes healing without promoting the deposition of fibrous tissue.

The present invention provides the use of a TGFB-3 for the manufacture of a medicament for the treatment of a fibrotic disease.

The present invention also provides a method of treating a fibrotic disease by administering a pharmaceutically effective amount of TGFS-3 to a patient in need thereof.

The present invention also provides an agent for treating a fibrotic disease which comprises $TGF\beta-3$ as active ingredient.

The present invention also provides a pharmaceutical composition comprising a higher proportion of TGF\$\beta-3\$ in relation to TGF\$\beta-1\$ or TGF\$\beta-2\$, compared with relative proportions in naturally occuring TGF\$\beta\$, and a pharmaceutically acceptable carrier.

EP 0 433 225 defines the biological activity of the TGFß's ie. TGFß-1, TGFß-2 and TGFß-3, as including the ability to increase formation of fibrous granular tissue in and around wound implants in rats (page 5, lines 17-19), while US 4,810,691 and US 4,774,228 describe the use of TGFß's for promoting connective tissue deposition.

Experiments described in detail below indicate that contrary to the conventional view that TGF\$\beta-3 acts in the same manner as TGF\$\beta-1 and TGF\$\beta-2 to increase fibrosis at the site of wound healing, it has in fact the opposite effect and promotes wound healing with reduced fibrosis and scarring.

Experiments

The experiments have involved exogenous injection of TGF\$\beta-1\$, TGF\$\beta-2\$ or TGF\$\beta-3\$. They have also involved the injection of neutralising antibodies to TGF\$\beta-1\$ or TGF\$\beta-2\$ (or anti TGF\$\beta-1\$ and TGF\$\beta-2\$ in combination). Neutralising antibodies to TGF\$\beta-3\$ are not yet available. The experimental protocol was as described in Shah et al, The Lancet, 339, 213-214, 1992)

These experiments produced a very interesting and unexpected set of results. First, the neutralising

antibody to TGFB-1 diminished scarring, i.e. reduced the amount of extracellular matrix, reduced angiogenesis and reduced the numbers of macrophages and monocytes at the wound. It also improved the orientation of collagen fibres in the healing wound. The neutralising antibody to TGFB-2 had very little effect on its own, but showed a slight improvement in scarring. Combined, the neutralising antibodies to TGFB-1 and TGFB-2 showed a marked improvement in wound healing (similar to that described in Shah et al, The Lancet, 339, 213-214, 1992), namely decreased extracellular matrix deposition (decreased fibronectin, decreased collagen), decreased angiogenesis, decreased macrophages and monocytes at the wound site and better orientation of collagen and fibronectin within the wound. Exogenous addition of TGFß-1 or TGFß-2 had the expected result, namely of increasing extracellular matrix deposition and angiogenesis. However, exogenous addition of TGFB-3 did not have this effect, but rather produced effects similar to those observed with the neutralising antibodies to TGFS-1 and TGFS-2, namely, a reduction in the amount of extracellular matrix deposited, a decrease in macrophages and monocytes and a marked improvement in subsequent scarring.

Specific details of the experiments to document the TGFß-3 effect are as follows :-

Adult male Sprague-Dawley rats (200 to 250 gram weight) were anaesthetised with halothane nitrous oxide and oxygen inhalation. Two incisions, ten millimetres in length and to the depth of the parniculous carnosis were made in the dorsal skin, equal distant from the midline and between the fore and hind limbs. were left unsutured to heal by secondary intention to produce the greatest amount of granulation tissue and scarring. In each animal, one wound (control) was unmanipulated. In different animals the other wound received a) an injection of transforming growth factor beta 1 (TGFS-1) (20 ng per injection), or b) an injection of TGFB-2 (20 ng per injection) or c) an injection of TGFS-3 (20 ng per injection). It had previously been determined from dose response experiments that 20 ng per injection was the optimum dose to give. Injections were of 100 microlitres in phosphate buffered saline and were introduced into the wound margins by local infiltration on days 0, 1 and 2. The fluid was infiltrated along the length of each wound margin through a single entry point 0.5 cm distal to the caudal end of the wound. At least four animals were killed by chloroform overdose on each of days 7, 14 and 42 after wounding. The wounds were processed for

routine histological examination, particularly using connective tissue stains such as Mallory or Masson's trichrome. They were also processed for immunocytochemistry, using antibodies to detect fibronectin (as a marker of early wound repair and to show the orientation of extracellular matrix molecules), macrophages and monocytes (as an indication of the inflammatory response), laminin (to highlight basement membranes, e.g. of newly formed blood vessels) and collagen types I and III to document connective tissue deposition within the wound and scarring.

Summary of Results

Compared to control wounds, at 7 and 14 days, the TGFß-3 treated wounds had less fibronectin and the fibronectin fibres were in a beter orientation. By six weeks, the fibronectin in all wounds was similar in quantity to that of the surrounding normal skin.

However, that in the TGFß-3 treated wound had a much better orientation than the other wounds. The results were almost indistinguishable from the results obtained with neutralising antibodies to TGFß-1 and TGFß-2. By comparison, wounds treated with TGFß-1 or TGFß-2 showed a vastly increased quantity of fibronectin in the wound at 7 days and this fibronectin had an abnormal orientation, compared to the surrounding tissue. The

same was true at 14 days, but by 6 weeks there was little difference between the TGFB-1 or TGFB-2 treated wounds and the control in terms of the quantity of fibronectin present.

At 7 days TGFß-1 treated and TGFß-2 treated and control wounds showed similar profiles of macrophage and monocyte infiltration (for example control 159, TGFß-1 149, control 117, TGFß-2 112 per section). However, TGFß-3 treated wounds had a low profile of macrophage plus monocyte infiltration (control 130, TGFß-3 91 per section).

At 7 days TGF\$-1 treated and TGF\$-2 treated wounds had a higher profile of macrophages in the lower half of the wounds compared to similar areas in the control wounds (control 50/TGF\$-1 80, control 45/ TGF\$-2 59 per section). However, in the upper half of the wounds the macrophage infiltration was similar in the TGF\$-1 treated and control wounds (control 37, TGF\$-1 39 per section) whilst TGF\$-2 treated wounds had a lower profile (control 34, TGF\$-2 19). By contrast, TGF\$-3 treated wounds showed a lower macrophage profile throughout the entire wound, compared to the control wounds (upper half control 41, TGF\$-3 16; lower half control 72, TGF\$-3 28 per section).

Laminin staining was used as a marker of neovascularisation. At 7 days, TGFß-1 treated wounds showed an increase in the number of blood vessels, particularly at the base of the wound. TGFß-2 treated wounds appeared similar to the control wounds. TGFß-3 treated wounds, however, had many more blood vessels compared to either the control or the TGFß-1 or the TGFß-2 treated wounds. This was a very marked effect.

By 14 days there were few differences in the number of blood vessels between either the TGFS-1, TGFS-2 or TGFS-3 treated wounds compared to the control. However, the TGFS-3 treated wounds tended to have more blood vessels.

In terms of collagen deposition within the wound, as assayed by Mallory staining or immunocytochemistry, treatment of the wound with either TGF\$\beta-1\$ or TGF\$\beta-2\$ increased the amount of collagen within the wound on days 7 and 14 after wounding. Furthermore, this collagen had an abnormal orientation with a much higher percentage of fibres orientated in a vertical direction, compared to the surrounding dermis. At six weeks, the control, TGF\$\beta-1\$ and TGF\$\beta-2\$ treated wounds were visibly scarred with an abnormal accumulation of abnormally orientated collagen within the wounded area. By contrast, wounds treated with TGF\$\beta-3\$ showed slightly

less collagen deposition on days 7 and 14 after wounding. Moreover, the collagen deposited was in a similar reticular pattern to that of the surrounding dermis. Consequently, by six weeks after wounding, the TGFB-3 treated wounds had a more similar dermal architecture to that of the surrounding normal skin, compared to either the control TGFB-1 or TGFB-2 treated wounds. This result with TGFB-3 is very similar to that obtained with neutralising antibodies to TGFB-1 and TGFB-2.

In summary, therefore, treatment of the wounds with TGFB-3 decreased the amount of extracellular matrix deposited in the early wound, assured that the orientation of this matrix was in the normal reticular pattern of the dermis, compared to the abnormal pattern of the scar, decreased the number of macrophages and monocytes and hence inflammatory infiltrate into the wound, but greatly increased the number of blood vessels in the early healing wound. These effects are almost identical to those observed with neutralising antibodies to TGFB-1 and TGFB-2 except the increase in the number of blood vessels. Treatment of the wounds with neutralising antibodies to TGFB-1 and TGFB-2 decrease the amount of extracellular matrix deposited, alter the orientation of this matrix, so that it is in a more normal alignment, decrease the inflammatory infiltrate

of macrophages and monocytes (like TGFß-3) but decrease the number of blood vessels (unlike treatment with TGFß-3 which increases the number of blood vessels).

TGFS-3 therefore acts as an anti-scarring (anti-fibrotic) agent. It is very clear that this is an isoform specific effect within the TGFS family.

anti-fibrotic agent or an anti-scarring agent. It may be capable of biological modification to increase the anti-fibrotic effect or define more carefully that portion of the molecule responsible for these effects. It may be possible to optimise the structure of TGF\$\beta-3\$ as an anti-fibrotic agent, based on such analysis. The effects of TGF\$\beta-3\$ in this regard are unpredictable from the literature, and interestingly, differ from the neutralising antibody experiments, particularly in the increase in angiogenesis. This may actually be beneficial for certain kinds of wound healing, e.g. chronic wounds such as venous leg ulcers, where one wants to increase the vascular supply to stimulate healing but decrease subsequent scarring.

In the context of fibrosis, the effects of TGF8-3 or anti TGF8-1/TGF8-2 agents are not limited to preventing further increases of fibrosis. TGF8-1/TGF8-2

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act to increase the accumulation of extracellular matrix molecules both by stimulating synthesis of new extracellular matrix molecules and decreasing the removal of existing matrix molecules, i.e. inhibiting tissue turnover (Roberts and Sporn, the transforming growth factor - B's, In: Peptide growth factors and their receptors, Springer Verlag, Berlin, 1990, p 418-472). Therefore, any agent which antagonises or neutralises or renders ineffective TGFB-1/TGFB-2 not only decreases extracellular matrix synthesis but also increases remodelling. As an anti-fibrotic agent either $TGF\beta-3$ or anti- $TGF\beta-1/anti-TGF\beta-2/anti-PDGF$ (or some combination thereof) may in certain fibrotic diseases, e.g. glomerulonephritis, pulmonary fibrosis, reverse the accumulation of fibrous scar tissue already present in the tissue.

It will be appreciated that it is not intended to limit the invention to the above examples only, many variations, such as might readily occur to one skilled in the art, being possible, without departing from the scope thereof as defined in the appended claims.

Thus for example, as well as applying a preparation to a wound containing TGFß-3 only, this may be given in combination with fibrotic growth factor neutralising agent(s), for example, anti-TGFß-1 and/or

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anti-TGFB-2 and/or anti-PDGF antibodies, in a ratio which will enable the required amount of vascularisation for the particular type of wound to be provided whilst at the same time healing the wound without scarring.

CLAIMS

- 1. A healing composition containing at least one non-fibrotic growth factor in combination with a pharmaceutically acceptable carrier.
- 2. A composition according to claim 1, wherein the non-fibrotic growth factor comprises TGFB-3.
- 3. A composition according to claim 1 or claim 2, wherein the non-fibrotic growth factor comprises FGF.
- 4. A composition according to any preceding claim, comprising anti-fibrotic agents.
- A composition according to claim 4, wherein the anti-fibrotic agents include antibodies to TGFß-1, TGFß-2 and PDGF; binding proteins which prevent TGFß-1, TGFß-2 and PDGF from binding to their receptors by either binding to the growth factor itself, eg. Decorin, Biglycan, or binding to the receptor, eg. peptides containing the receptor binding site sequence; or soluble forms of growth factor receptor or the growth factor binding domains of these receptors or antisense oligonucleotides or ribosymes which act to prevent fibrotic growth factor mRNA translation.

- 6. A composition according to any preceding claim wherein the non-fibrotic growth factor and/or antifibrotic agent(s) are present in the composition in an active form.
- 7. A composition according to any of claims 1 to 5, wherein the non-fibrotic growth factor and/or anti-fibrotic agent(s) are present in the composition in an inactive form.
- 8. A composition according to claim 7, wherein inactivation is by encapsulation.
- 9. A composition according to claim 8, wherein the capsules are degradeable by an external stimulus to release the active form when required.
- 10. A composition according to claim 9, wherein the external stimulus includes UV light, ultrasound, <u>in vivo</u> enzymes or heat.
- 11. A composition according to claim 7, wherein inactivation is by the molecular addition of a binding molecule which is detachable when required by an external stimulus including UV light, ultrasound, in vivo enzymes or heat.

- 12. A composition according to any preceding claim, wherein the non-fibrotic growth factor is present in an inactive form, for example, as a precursor, and is activated upon contact with tissue containing the natural cleavage enzymes required to convert the precursor into its active form.
- 13. A composition according to claim 1, wherein the carrier comprises a neutral sterile cream, gel, aerosol or powder for topical application.
- 14. A composition according to claim 1, wherein the carrier comprises a patch or a sterile dressing or an absorbable dressing for topically covering a wound.
- 15. A composition according to claim 1, wherein the carrier comprises a sterile solution for irrigation, injection or inhalation.
- 16. A composition according to claim 1, wherein the carrier comprises a tablet, capsule, and the like, for enteral administration.
- 17. A composition according to claim 1, wherein the carrier comprises a biopolymer, for example collagen, hyaluronic acid or polymer, for contacting or implanting into the wound/fibrotic lesion so as to allow release of

the active agents slowly or quickly and for to be active in <u>situ</u>.

- 18. A method of preparation of a pharmaceutical healing or anti-fibrotic composition containing at least one non-fibrotic growth factor for topical application in a cream, gel, powder, aerosol, patch or dressing, biopolymer or polymer implant, delay or slow release system or in a solution for irrigation, injection or inhalation, or in a tablet or capsule for enteral administration.
- 19. A method of inhibiting fibrosis during the healing of wounds and other fibrotic diseases, disorders or conditions, comprising administering to a host suffering from tissue wounding or these fibrotic conditions, at least one non-fibrotic growth factor.

International Application No I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all)6 According to International Patent Classification (IPC) or to both National Classification and IPC Int.C1. 5 A61K37/02; A61K39/395; II. FIELDS SEARCHED Minimum Documentation Searched? Classification System Classification Symbols Int.Cl. 5 A61K ; **C07K** Documentation Searched other than Minimum Documentation to the Extent that such Documents are Included in the Fields Searched III. DOCUMENTS CONSIDERED TO BE RELEVANT? Citation of Document, 11 with indication, where appropriate, of the relevant passages 12 Relevant to Claim No.13 Category ° WO,A,9 217 206 (THE VICTORIA UNIVERSITY OF X,P 1,3,4-19 MANCHESTER) 15 October 1992 see page 4, line 11 - page 13, line 23 X WO,A,9 003 810 (ED GEISTLICH SÖHNE AG FÜR 1,3 CHEMISCHE INDUSTRIE) 19 April 1990 see page 1, line 1 - line 19 EP,A,0 375 127 (GENENTECH) 1,2,6-19 27 June 1990 see column 5, line 41 - line 51 see column 7, line 21 - column 12, line 16 "T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the ° Special categories of cited documents: 10 "A" document defining the general state of the art which is not considered to be of particular relevance invention earlier document but published on or after the international "X" document of particular relevance; the claimed invention filing date cannot be considered novel or cannot be considered to involve an inventive step "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled citation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or document published prior to the international filing date but later than the priority date claimed "&" document member of the same patent family IV. CERTIFICATION Date of the Actual Completion of the International Search Date of Mailing of this International Search Report 14 JULY 1993 Signature of Authorized Officer International Searching Authority

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EUROPEAN PATENT OFFICE



	NTS CONSIDERED TO BE RELEVANT (CONTINUED FROM THE SECOND SHEET)		
Category °	Citation of Document, with indication, where appropriate, of the relevant passages	Relevant to Claim No.	
	WO,A,9 110 727 (LA JOLLA CANCER RESEARCH FOUNDATION) 25 July 1991 see page 10, line 25 - page 11, line 11 see page 22, line 6 - page 23, line 21	1,4,5	
	EP,A,0 433 225 (CIBA-GEIGY AG) 19 June 1991 cited in the application see page 4, line 29 - page 5, line 19 see page 8, line 22 - page 9, line 39	1,2,6, 13-19	

ANNEX TO THE INTERNATIONAL SEARCH REPORT ON INTERNATIONAL PATENT APPLICATION NO.

GB 9300586 SA 72604

This annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report. The members are as contained in the European Patent Office EDP file on

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Patent document cited in search report	Publication date	Patent family member(s)		Publication date
WO-A-9217206	15-10-92	AU-A-	1436892	02-11-92
WO-A-9003810	19-04-90	None		
EP-A-0375127	27-06-90	AU-A- CA-A- WO-A-	4524889 2002130 9004974	28-05-90 02-05-90 17-05-90
WO-A-9110727	25-07-91	None		
EP-A-0433225	19-06-91	AU-A- JP-A-	6701890 3191791	13-06-91 21-08-91

INTERNATIONAL SEARCH REPORT

PCT/GB93/00586

Box I	Observations where certain claims were found unscarchable (Continuation of item 1 of first sheet)
This inte	rnational search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:
1. X	Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely: Remark: Although claim 19 is directed to a method of treatment of the humsn/animal body the search has been carried out and based on the alleged effects of the compound/composition.
2.	Claims Nos.: because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
3.	Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).
Box:11	Observations where unity of invention is lacking (Continuation of item 2 of first sheet)
This Inu	ernational Searching Authority found multiple inventions in this international application, as follows:
1.	As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2.	As all searchable claims could be searches without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3.	As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
4.	No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:
Remark	on Protest The additional search fees were accompanied by the applicant's protest. No protest accompanied the payment of additional search fees.